



CAREOREGON (OHP) FORMULARY CHANGES

Abbreviations: PA = Prior Authorization Required; QL = Quantity Limit; ST = Step Therapy Required

DATE POSTED	EFFECTIVE DATE	FORMULARY CHANGE	DRUG NAME	STRENGTH	DOSAGE FORM	DESCRIPTION
	1/1/12	Added with PA to medical benefit	paclitaxel protein bound, pemetrexed, melphalan, nelarabine, ofatumumab, bevacizumab, alemtuzumab, irinotecan, decitabine, doxorubicin liposomal, oxaliplatin, cetuximab, fulvestrant, fludarabine, pralatrexate, levoleucovorin, gemcitabine, eribulin, trastuzumab, romidepsin, pegaspargase, carboplatin, rituximab, paclitaxel, docetaxel, temozolomide, temsirolimus, bendamustine hcl, panitumumab, bortezomib		VIAL	PA Required. See current PA criteria document for details. Current users will be grandfathered until 2/1/12.
	1/14/12	Removed	Implanon	68MG	IMPLANT	Removed from formulary. Covered under the medical benefit unrestricted.
	2/1/12	Removed gender restriction	Gardasil		VIAL	Removed gender restriction. Covered for both males and females.
	2/1/12	Added with PA	Androderm	2MG, 4MG	PATCH	PA Required. No change to PA criteria. See PA criteria document for details.
	2/1/12	Added with QL	Xarelto	10MG	TAB	QL #35/180 days
	2/1/12	Added with PA	Xarelto	15MG, 20MG	TAB	PA Required. PA added for dx of atrial fib and failure of warfarin.
	2/1/12	Updated PA criteria	Byetta	5MCG, 10MCG	PEN INJ	New indication for add-on therapy to Lantus for the treatment of diabetes.
	2/1/12	Updated medical benefit PA criteria	Cinryze	500 UNIT	VIAL	Updated criteria for trial of acute abortive therapy.